Letter to the Editor

Unusual rectal foreign bodies: a case report and review of published works

Dear Editor,

The various reasons for insertion of a rectal foreign body are well documented, including criminal assault, self-treatment, sexual gratification, and even the occasional accident.[1,2] Rectal foreign bodies are mostly associated with increased numbers of incidents related to homosexual practices and anal auto-eroticism and are increasingly the cause of mortality and morbidity.[3] We experienced a case of an adult male who presented in the emergency department with a lodged rectal foreign body. Although rectal foreign bodies are quite common—most general surgeons or emergency room physicians will encounter such a patient at some point in their career—we found interesting data based on a review of published reports.

A 33-year-old male presented to the emer gency department with complaints of abdominal pain, anal pain, constipation, and abdominal distention with minimal passage of flatulence for 3 days. Digital rectal examination showed a hard edge of a metallic coffee can with blood-stained mucus located just beyond the anal sphincter. A blood test, including blood cell count, revealed leukocytosis associated with a remarkable increase in C-reactive protein. A plain abdominal radiograph and abdominal computed tomography scan showed dilated bowel loops and located the foreign body in the rectum. Based on the diagnosis of rectal foreign body, manual extraction was carried out under sedation. The patient recovered fully with complete recovery of the rectal ulcer on day 7.

The keys to adequate care for patients with a colorectal foreign body are: respect for their privacy; evaluation of the type and location of the foreign body; determination if extraction can be carried out in the emergency room or if surgery is needed; and use of appropriate techniques for removal. Patients should be asked if the foreign body is the result of assault, as this is more likely to result in a serious injury and legal authorities need to be notified.[4] In these circumstances, psychological support is also needed, as such patients usually require extended counseling to enable them to lead normal social and sexual lives.

We reviewed reports published between 1980 and 2012 with available data using the PubMed website and the keywords “rectal foreign body”. A total of 589 cases were found, consisting of 556 male and 33 female patients with a mean age of 41 years. Interestingly, 94.4% of the patients were male, as was the patient in our case. A wide variety of objects were noted in the reports, including bottles, vibrators, fruits, vegetables, tools, and miscellaneous items such as light bulbs, candles, balls, and flashlights. Management of these cases varied from simple manual retrieval with or without general anesthetics, or use of a sigmoidoscope. Eighty patients (13.6%) required surgery, although manual retrieval was possible in the rest of the patients. Among the patients who underwent surgery, stomas were created in 53 patients (66.2%). The laparoscopic approach to assist in rectal foreign body removal is a good treatment choice for difficult cases. It allows for easy removal, detection of rectal injury, and early discharge.[5] In general, laboratory evaluation may not be very helpful for patients with rectal foreign bodies.

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CONFLICT OF INTEREST

NONE.

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